

## STANDARD CERTIFICATE OF DEATH

State File No. 425422-10570

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>0</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>2.2.17</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS MO</u>		c. LENGTH OF STAY (in this place) <u>24</u> FOR TOWN <u>ST. LOUIS</u> 0		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u> 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MISSOURI BAPTIST Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>3326 PENNSYLVANIA</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSE</u>		b. (Middle) <u>-</u>		c. (Last) <u>LUKAS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 10 1950</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, 2 WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MAR. 26 1877</u>		9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WIDOW</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS MO</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>FRANK TINTORA</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN M. LUKAS (DECEASED)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>NO.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Lukas - 3326 Pennsylvania</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sarcoma of right femur probably metastatic</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Paget's disease</u> DUE TO (c) <u>arterio sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 mos.</u> <u>2</u> <u>1 yr.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>196X</u>			
22. I hereby certify that I attended the deceased from <u>Sept 25, 1950</u> , to <u>Dec 10, 1950</u> , that I last saw the deceased alive on <u>Dec 4, 1950</u> , and that death occurred at <u>64</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Leo B. Wilner, MD</u> (Degree or title)				23b. ADDRESS <u>5402 E. Gravois St</u>		23c. DATE SIGNED <u>Dec 11, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>DEC. 13 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>S.S. PETER &amp; PAUL</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>	
DATE REC'D BY LOCAL REG. <u>DEC 11 1950</u>		REGISTRAR'S SIGNATURE <u>John B. Sarator</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kutis 2906 Gravois</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Samuel C. Will*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. *4347*

P. O. Address *2906 Travis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.